



**Office of the Independent Police Auditor
Fairfax County Police Civilian Review Panel**

Complaint Form

Hand Deliver or Mail to:

**Office of the Independent Police Auditor
12000 Government Center Parkway – Suite 233A
Fairfax, VA 22035**

Call: 703/324-3459

E-mail:

IPAPoliceAuditor@fairfaxcounty.gov

Your Name:* Last: _____ **First:** _____

Phone:* (Day): _____ **(Night):** _____

E-mail: _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Date of Birth:** ____/____/____

Gender: _____ **Race/Ethnicity/National Origin:** _____

***Required Information**

CONFIDENTIALITY REQUESTED: **Yes** **No**

Initial Complaint: **Yes** **No**

Complaint Previously Made to Fairfax County P.D.: **Yes** **No**

Witness (If Known): Name: Last: _____ First: _____
Phone: (Day): _____ (Night): _____
E-mail: _____
Address: _____ City: _____
State: _____ Zip Code: _____

Witness (If Known): Name: Last: _____ First: _____
Phone: (Day): _____ (Night): _____
E-mail: _____
Address: _____ City: _____
State: _____ Zip Code: _____

Officer (If Known): Name: Last: _____ First: _____
Badge Number/Police District (If Known): _____
Physical Description (Age, Race, Gender, Height, Weight, Hair Color, Eye Color):

Vehicle Number/Description (If Known): _____

Officer (If Known): Name: Last: _____ First: _____
Badge Number/Police District (If Known): _____
Physical Description (Age, Race, Gender, Height, Weight, Hair Color, Eye Color):

Vehicle Number/Description (If Known): _____

INCIDENT: Briefly describe the incident:

By signing this form, you certify that the statements made herein or on any attached documentation are true and complete to the best of your knowledge, information and belief.

Complainant's Signature

Date: ____/____/____



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Complaint Process Overview

Members of the public may submit a “Request for Review” of an already completed Fairfax County Police Department (FCPD) investigation into alleged misconduct or may make an “Initial Complaint” of alleged misconduct that has not yet been investigated by FCPD by contacting the Fairfax County Independent Police Auditor or the Fairfax County Police Civilian Review Panel. After an Initial Complaint is investigated by FCPD, the Complainant may submit a “Request for Review” to the Independent Police Auditor or the Police Civilian Review Panel for an independent and impartial review of the findings. The Independent Police Auditor or Police Civilian Review Panel independently reviews investigations for thoroughness, completeness, accuracy, objectivity, and impartiality. The diagram below provides a general overview of the complaint process. For questions or assistance, please contact:

Address: 12000 Government Center Parkway, Suite 233A, Fairfax, Virginia 22035

Telephone: (703) 324-3459

Email: IPAPoliceAuditor@fairfaxcounty.gov

Websites:

Independent Police Auditor:

<http://www.fairfaxcounty.gov/government/board/policeauditor/>

Police Civilian Review Panel:

<http://www.fairfaxcounty.gov/policecivilianreviewpanel/>

Complaint Web Form:

<http://www.fairfaxcounty.gov/government/board/policeauditor/complaint-form.htm>

Complaint Fillable PDF Version:

<http://www.fairfaxcounty.gov/government/board/policeauditor/complaint-form.pdf>

Complaint Form Submitted

